

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N06160

(8)

1. Corporation Name

CHILDREN'S ALLIANCE, INC.

Principal Place of Business

Mailing Address

3615 CENTRAL AVE. STE 1
FT. MYERS FL 33901
US

3615 CENTRAL AVE. STE 1
FT. MYERS FL 33901
US

**APPROVED
AND
FILED**

95 MAY -1 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/14/1984

3a. Date of Last Report
02/07/1994

4. FEI Number

59-2474387

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 169.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PHILPSON, BEVERLEY A
3615 CENTRAL AVE
STE 1
FT. MYERS FL 33901**

81 Name **JILL TURNER**

82 Street Address (P.O. Box Number is Not Acceptable)

3615 CENTRAL AVE.

83 **SUITE 1**

84 City **FT. MYERS**

FL

85 Zip Code
33901

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

JILL L. TURNER

4/21/95

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PD
KOEHLER, JOHN
1620 MEDICAL LN
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**VD
THOMPSON, STEPHEN D
3949 EVANS AVE
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**TD
TURNER, JILL
1940 RICARDO AVE.
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**SD
LAWSON, BARBARA
1940 RICARDO AVE.
FT. MYERS FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

VICE PRESIDENT ☒ Change ☐ Addition
**DIANN SEALS
3615 CENTRAL AVE
FT. MYERS, FL 33901**

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change ☐ Addition
**ELIZABETH PAUL
3615 CENTRAL AVE.
FT. MYERS FL 33901**

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☒ Change ☐ Addition
**ANN KERANS
3615 Central Ave.
Ft. Myers, FL 33901**

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH PAUL

4/24/95 (813) 489.1100

Date

Daytime Phone #